

CLASS CRITIQUE

Student's Name:
 Subject:
 Speaker:
 Course:
 Date:

Part I: Check the correct box for each quality listed according to the following rating scale:

- 0 Unable to rate, or not applicable
 1 Unsatisfactory
 2 Satisfactory
 3 Excellent
 4 Outstanding

A. SPEAKER

Apparent knowledge of subject

Delivery and clarity

Rapport with audience

Handling of questions

Appearance

B. SUBJECT MATTER

Level of content

Organization

Visual Aids

C. VALUE OF PRESENTATION

To YOU individually

In terms of stated objective/title

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Part II: Additional comments or suggestions regarding class (study assignments, practical exercise, examination, room facility, scheduling, etc.)

DIS Evaluation Form #10a

(Place completed critique in red box outside auditoriums on second floor or give to Mrs. Finn, Room 133.)

SUMMARY SHEET FOR CLASS CRITIQUE

Speaker:
Subject/POI Nr.:
Course:
Date:
Nr. of Ratings:

EVALUATION PROFILE

	SPEAKER					SUBJECT MATTER			VALUE OF PRESENTATION	
	Apparent Knowledge	Delivery	Handling of Questions	Rapport	Appearance	Level of Content	Organization	Visual Aids	To YOU Individually	In Terms of Objective
Outstanding	4.0+	+	+	+	+	+	+	+	+	+4.0
	3.5+	+	+	+	+	+	+	+	+	+3.5
Excellent	3.0+	+	+	+	+	+	+	+	+	+3.0
	2.5+	+	+	+	+	+	+	+	+	+2.5
Satisfactory	2.0+	+	+	+	+	+	+	+	+	+2.0
	1.5+	+	+	+	+	+	+	+	+	+1.5
Unsatisfactory	1.0+	+	+	+	+	+	+	+	+	+1.0
	0.5+	+	+	+	+	+	+	+	+	+0.5
Unable to Rate	0.0+	+	+	+	+	+	+	+	+	+0.0

Student Comments:

Faculty Monitor Comments

Comments/Recommendations by Director of Instructions Office

Comments by Department Director/Course Chairman